

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-30-20			As a correction to a change posted 8-14-19, the period has been placed inside of the quotation marks.
12-16-19	6		Clarified that there must be clinical justification if no signature by beneficiary on the IPOC.
10-31-19	Appendix 1	62	Added new edit code 882
08-29-19	Appendix 2		Updated Carrier Codes. A link was added to each guide's homepage to access the carrier codes.
08-23-19	Appendix 1	66	Updated resolution for edit code 901
08-14-19			For consistency with CMS State regulations, any reference to the word "guides" has been replaced with "manuals."
08-01-19	Forms		Uploaded New Electronic Funds Transfer (EFT) Form
07-02-19	Appendix 1	33	Updated CARC for edit code 636
07-02-19	Forms	-	Updated EFT form
07-01-19	1,3,5		Replaced with New Provider Administrative and Billing Guide
07-01-19	Appendix 1	55,61,66	Added new edit 870. Update edit codes 839 and 901
04-01-19	1	35	Updated Prepayment Reviews
04-01-19	Appendix 1	56	Updated edit codes 906 and 907
03-01-19	Appendix 2	-	Updated carrier codes
12-01-18	Appendix 2	-	Updated carrier codes
11-01-18	Forms	-	Updated Claim Reconsideration Form
11-01-18	Appendix 1	55-56	Updated edit codes 906 and 907
10-01-18	Appendix 1	44, 55-56, 64-65	Updated edit codes 820, 906, 907, and 977
08-06-18	1	25	Updated Premium Payment Project

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
08-06-18	TPL Supplement	17-18	Updated TPL Resources
08-01-18	Appendix 2	-	Updated carrier codes
08-01-18	Managed Care Supplement	-	Updated entire section
07-01-18	3	36 36	<ul style="list-style-type: none"> <li>Updated Retro Health Insurance</li> <li>Updated Retro Medicare</li> </ul>
07-01-18	Appendix 1	3, 37, 42, 45, 52-57, 70, 73 48 66-67	<ul style="list-style-type: none"> <li>Updated CARC and RARC for edit codes 059, 710, 738, 739, 757, 820, 821, 837, 838, 839, 843, 844, 912, 914, 928, 934, and 952</li> <li>Updated CARC for 786</li> <li>Updated Resolution for 906 and 907</li> </ul>
07-01-18	TPL Supplement	15-16 17	<ul style="list-style-type: none"> <li>Updated Retro Health and Pay &amp; Chase</li> <li>Updated TPL Resources</li> </ul>
05-01-18	Forms	-	Updated Claim Reconsideration Form
05-01-18	Appendix 2	-	Updated carrier codes
02-01-18	Forms	-	Updated Health Insurance Information Referral Form (DHHS Form 931)
02-01-18	Appendix 2	-	Updated carrier codes
12-01-17	Forms	-	Updated Claim Reconsideration Form
11-01-17	Appendix 2	-	Updated carrier codes
10-01-17	Appendix 1	3	Added new edit code 063
09-01-17	Forms	-	Updated Claims Reconsideration, Duplicate Remittance Advice Request, and Electronic Funds Transfer (EFT) Authorization Agreement forms
08-01-17	5	4	Corrected formatting
08-01-17	Appendix 2	-	Updated carrier codes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-17	Forms	-	Updated Claim Reconsideration Form
06-01-17	Appendix 2	-	Updated carrier codes
05-01-17	Appendix 1	-	Updated Provider Service Center Hours of Operation
04-01-17	Forms	-	<ul style="list-style-type: none"> <li>Updated Allied Professional Registration Form</li> <li>Updated LISW Allied Professional Registration Form</li> </ul>
03-01-17	Forms	-	Updated Claim Reconsideration Form
02-01-17	Appendix 2	-	Updated carrier codes
01-01-17	2	23 24	Updated the following sections: <ul style="list-style-type: none"> <li>Individual Psychotherapy</li> <li>Family Psychotherapy</li> </ul>
01-01-17	4	1	Updated Encounter Codes table
12-01-16	2	15	Updated Mental Health Visits/Encounters section
12-01-16	3	7 12 17	<ul style="list-style-type: none"> <li>Updated Diagnostic Codes</li> <li>Updated Place of Service Key</li> <li>Updated CMS-1500 Instructions, field 24D</li> </ul>
12-01-16	4	1	Added Modifier Key
12-01-16	Forms	-	Updated Claim Reconsideration Form
11-01-16	Appendix 2	-	Updated carrier codes
10-01-16	1	5-6	Deleted SC Healthy Connections Checkup Program language and moved sample Checkup card to South Carolina Healthy Connections Medicaid Card section
09-01-16	Appendix 1	67	Updated edit code 979
09-01-16	Appendix 2	-	Updated carrier codes
08-01-16	1	2, 4, 5, 24, 27	Updated to reflect Medicaid Bulletin dated July 11, 2016 – New Medicaid Cards
08-01-16	Appendix 1	22, 23, 66	Updated edit codes 527, 532, and 965

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-16	Appendix 1	3, 65	Updated edit codes 062 and 974
06-01-16	5	- 1 3	<ul style="list-style-type: none"> <li>Updated hyperlinks throughout section</li> <li>Updated Administration section</li> <li>Updated Procurement of Forms section</li> </ul>
06-01-16	Appendix 1	44 3, 14, 29, 30, 63	Added new edit codes 801 and 802 Updated CARC for edit codes 079, 356, 357, 605, 693, and 958
05-01-16	Appendix 1	6, 63, 67	Updated edit codes 150, 953, 989, 990
05-01-16	Appendix 2	-	Updated carrier codes
04-01-16	Managed Care Supplement	18-19	Replaced sample MCO cards
03-01-16	Appendix 1	19, 23	Added edit codes 450 and 532
02-01-16	1	-	Updated the following sections to reflect Medicaid Bulletin dated January 26, 2016 – Updates to Section 1 – All Provider Manuals: <ul style="list-style-type: none"> <li>South Carolina Medicaid Program               <ul style="list-style-type: none"> <li>Program Description</li> <li>SC Healthy Connections Medicaid Card(s)</li> </ul> </li> <li>Records/Documentation Requirements               <ul style="list-style-type: none"> <li>General Information</li> <li>Signature Policy</li> </ul> </li> <li>Medicaid Program Integrity               <ul style="list-style-type: none"> <li>Program Integrity</li> </ul> </li> <li>Appeals</li> </ul>
01-01-16	1	19	Updated to reflect Medicaid Bulletin dated December 9, 2015 - Charge Limits
01-01-16	Appendix 1	21	Added edit code 527
12-01-15	Cover	-	December 1, 2015 - Replaced manual cover
11-01-15	Appendix 1	19, 44-47	<ul style="list-style-type: none"> <li>Revised edit code 507, 821, 837, 838, 839</li> </ul>
10-01-15	1	7 10	<ul style="list-style-type: none"> <li>Updated to add SCDHHS alerts</li> <li>Updated Provider Participation</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
10-01-15	2	8	Updated Eligibility for Services to change “V-code” to “Z-code” for dates of service on or after October 1
10-01-15	Appendix 1	1  1 All  4, 20, 23, 27, 43	<ul style="list-style-type: none"> <li>Updated general instructions</li> <li>Updated the following to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System               <ul style="list-style-type: none"> <li>Added note to general instructions</li> <li>Replaced ICD-9 with ICD-CM throughout section</li> </ul> </li> <li>Deleted edit codes 102-109, 112-116, 503, 527, 566, 791, 792</li> </ul>
09-01-15	2	8	Added ICD-10-CM language to reflect Medicaid Bulletin dated June 1, 2015 - ICD-10 Clinical Modification/ Procedure Coding System
09-01-15	3	4  6-7 15-16  24	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/ Procedure Coding System:               <ul style="list-style-type: none"> <li>Claims Filed via the Web Tool: Use of Emergency Indicator</li> <li>Diagnostic Codes</li> <li>CMS-1500 Claim Form Completion Instructions, field 21</li> </ul> </li> <li>Updated SC Medicaid Web-based Claims Submission Tool to reflect Medicaid Bulletin dated June 19, 2015 — Claim Submission Web Portal (Webtool) Enhancement SC Medicaid Web-based Claims Submission Tool</li> </ul>
09-01-15	Appendix 1	5, 14	<ul style="list-style-type: none"> <li>Added edit codes 270 and 271 and updated edit code 110 to reflect Medicaid Bulletin dated June 1, 2015 — ICD-10 Clinical Modification/Procedure Coding System</li> </ul>
07-01-15	Appendix 3	1-2	Updated Copayment Schedule
03-13-15	3	16-17  27	<ul style="list-style-type: none"> <li>Updated CMS-1500 Claim Form Completion Instructions</li> <li>Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
03-13-15	5	1	Updated the following: <ul style="list-style-type: none"> <li>Correspondence and Inquiries</li> <li>Beneficiary Eligibility</li> </ul>
03-01-15	Appendix 2		Updated carrier codes
01-01-15	Forms		Updated Claim Reconsideration form
12-01-14	1	9, 10	Updated Provider Participation to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
12-01-14	3	3-4 31-32	<ul style="list-style-type: none"> <li>Updated Copayment policy</li> <li>Added Claim Reconsideration policy</li> </ul>
12-01-14	Forms		Added Claim Reconsideration form
12-01-14	Appendix 1	6, 50	Updated edit codes 121 and 839
12-01-14	Appendix 3	1-2	Updated Copayment Schedule
12-01-14	Managed Care Supplement	2	Updated Managed Care Organizations (MCOs) to reflect Medicaid Bulletin dated October 31, 2014 – Update to Section 1 of All Provider Manuals
11-01-14	Appendix 1	70	Updated edit code 989
10-01-14	1	33-34	Updated Medicaid Beneficiary Lock-In Program
10-01-14	Appendix 1	3, 31, 36, 48-49, 61 46	<ul style="list-style-type: none"> <li>Updated edit code 079, 637, 719, 820, 821, 908, 909</li> <li>Added new edit code 790</li> </ul>
08-01-14	1	6	Updated to reflect Medicaid Bulletin dated July 22, 2014 – Coverage of New Screening Services for Healthy Connections Checkup
08-01-14	Appendix 1	51, 69 24, 48-51, 58	<ul style="list-style-type: none"> <li>Deleted edit codes 845 and 969</li> <li>Updated edit codes 537, 837-839, 843, 844, and 892</li> </ul>
07-01-14	Appendix 1	15	Updated resolution for edit code 349, 369, 509
06-01-14	Appendix 1	3, 12	Updated resolutions for edit codes 079, 227, and 239

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
06-01-14	Appendix 2	All	Updated carrier codes
05-01-14	General Table of Contents	1	Removed DDHS county office listing
05-01-14	5	1 5	<ul style="list-style-type: none"> <li>Replaced reference to county office listing with the Where To Go for Help web address</li> <li>Removed DHHS county office listing</li> </ul>
05-01-14	Appendix 1	1, 2, 4, 45, 46, 62, 64, 92, 93	Updated the edit codes 007, 052, 079, 715, 719, 837, 839, 977, 984
04-01-14	1	6, 23, 25  29-31 32 33 37 39 41-44	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated the following sections: <ul style="list-style-type: none"> <li>Program Integrity</li> <li>Recovery Audit Contractor</li> <li>Beneficiary Oversight</li> <li>Fraud</li> <li>Referrals to the Medicaid Fraud Control Unit</li> <li>Updated acronym for U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG)</li> </ul> </li> </ul>
04-01-14	3	1-41  7- 20  21 24-25	<ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> <li>Updated Trading Partner Agreement</li> <li>Updated SC Medicaid Web-based Claims Submission Tool (Web Tool)</li> </ul>
04-01-14	5	10	Updated Horry County address
04-01-14	Forms		<ul style="list-style-type: none"> <li>Updated Reasonable Effort Documentation and Duplicate Remittance Advice Request forms</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Removed note on CMS-1500 (02/12) version claim form</li> <li>Removed CMS-1500 (08/05) version claim form (s)</li> <li>Removed Sample Edit Correction Form</li> <li>Updated Sample Remittance Advice</li> </ul>
04-01-14	Appendix 1	35 -	<ul style="list-style-type: none"> <li>Added edit code 527</li> <li>Entire section:               <ul style="list-style-type: none"> <li>Updated to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form</li> <li>Updated to reflect Medicaid Bulletin dated November 30, 2013 – Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version</li> </ul> </li> </ul>
04-01-14	TPL Supplement	5 6-8 9-10 10-11  13-14 15-16 22-23 30-31	<ul style="list-style-type: none"> <li>Updated the following sections to reflect Medicaid Bulletin dated December 3, 2013 – Discontinuation of Edit Correction Form:               <ul style="list-style-type: none"> <li>Timely Filing Requirements</li> <li>Reasonable Effort</li> <li>Nursing Facility Claims</li> <li>Professional, Institutional, and Dental Claims</li> <li>Rejected Claims</li> <li>Recovery</li> <li>Sample Forms – Reasonable Effort</li> <li>Sample Forms – ECF (deleted)</li> </ul> </li> </ul>
02-01-14	Cover	-	January 1, 2014 - Replaced manual cover
02-01-14	2	1 2 2-3  8-11 13 13 14 15 15-16	Updated the following sections: <ul style="list-style-type: none"> <li>Provider Qualifications</li> <li>Supervision</li> <li>Physician or APRN Supervision of Allied Professionals</li> <li>Medical Necessity</li> <li>Individual Plan of Care (IPOC)</li> <li>IPOC Additions and/or Changes</li> <li>Progress Summary</li> <li>Mental Health Visits/Encounters</li> <li>Additional Visits/Prior Authorizations</li> </ul>



## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
02-01-14	3	2	Corrected Medicare timely filing requirement
02-01-14	5	9	Updated Florence County office telephone number
01-01-14	1	1, 2, 11 6, 23, 25  1-2 4  6  26 29-30 32 32	<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>Managed Care Organizational Changes dated November 15, 2013</li> <li>Discontinuation of Edit Correction Forms (ECFs) dated December 3, 2013</li> </ul> <p>Updated the following sections:</p> <ul style="list-style-type: none"> <li>Eligibility Determination</li> <li>South Carolina Health Connections Medicaid card</li> <li>South Carolina Web-based Claims Submissions Tool</li> <li>Retroactive Eligibility</li> <li>Program Integrity</li> <li>Recovery Audit Contractor</li> <li>Beneficiary Explanation of Medical Benefits Program</li> </ul>
01-01-14	3	-	<p>Updated entire section to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> <li>Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	5	1 3-4	<p>Updated the following sections</p> <ul style="list-style-type: none"> <li>Correspondence and Inquiries</li> <li>Procurement of Forms</li> </ul>
01-01-14	Forms		<ul style="list-style-type: none"> <li>Added CMS-1500 (02/12) version claim form</li> <li>Added note to CMS-1500 (05/85) version claim form</li> <li>Updated Duplicate Remittance Advice Request and EFT Authorization Agreement forms</li> </ul>
01-01-14	Appendix 1		<p>Updated to reflect the following bulletins:</p> <ul style="list-style-type: none"> <li>Discontinuation of Edit Correction Forms (ECFs)s dated December 3, 2013</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
			<ul style="list-style-type: none"> <li>Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> <li>Managed Care Organizational Changes dated November 15, 2013</li> </ul>
01-01-14	Managed Care Supplement		Updated to reflect bulletin Managed Care Organizational Changes dated November 15, 2013
01-01-14	TPL Supplement		<ul style="list-style-type: none"> <li>Updated to reflect bulletin Transition to the CMS-1500 Health Insurance Claim Forms (02/12) version dated November 20, 2014</li> </ul>
12-01-13	5	12	Updated Orangeburg mailing address zip codes
11-01-13	5	13	Updated York County mailing address
11-01-13	MC Supplement	18	Replaced BlueChoice MCO Medicaid card
10-01-13	5	12 13	<ul style="list-style-type: none"> <li>Updated Orangeburg office and mailing address</li> <li>Updated York County office address</li> </ul>
10-01-13	Appendix 1	- 5, 39 69 37, 42, 44	<ul style="list-style-type: none"> <li>Updated CARCs/RARCs throughout section</li> <li>Added edit codes 110 and 725</li> <li>Deleted edit code 961</li> <li>Revised edit codes 720, 749, 750, 758, and 759</li> </ul>
10-01-13	MC Supplement	20	<ul style="list-style-type: none"> <li>Added WellCare MCO Medicaid card and contact information</li> </ul>
09-01-13	5	8 10 13	<ul style="list-style-type: none"> <li>Updated Darlington County zip code</li> <li>Updated Laurens County phone number</li> <li>Updated York County office address</li> </ul>
08-01-13	5	13	<ul style="list-style-type: none"> <li>Updated York County physical address</li> </ul>
08-01-13	Appendix 1	1 50, 51 72	<ul style="list-style-type: none"> <li>Updated resolution for edit code 007</li> <li>Updated RARC and resolution for edit codes 820 and 821</li> <li>Deleted edit codes 954, 955, and 956</li> </ul>
08-01-13	Appendix 2	All	Updated carrier codes

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
07-01-13	5	7 11	<ul style="list-style-type: none"> <li>Updated Colleton county office telephone number</li> <li>Deleted Newberry County PO Box address</li> </ul>
06-01-13	5	12	<ul style="list-style-type: none"> <li>Updated Richland county office telephone number</li> </ul>
06-01-13	Appendix 1	5, 11, 15, 33, 40 30	<ul style="list-style-type: none"> <li>Updated resolutions for edit codes 107, 219, 339 673, 720</li> <li>Deleted edit code 577</li> </ul>
05-01-13	Forms	-	Updated Mental Health Form
04-01-13	1	6	Corrected the URL for <a href="http://MedicaidLearning.com">MedicaidLearning.com</a>
04-01-13	Appendix 1	2  20, 25, 28 4, 39, 52, 53, 57, 59 73 50, 51 67, 69	<ul style="list-style-type: none"> <li>Changed edit code description reference DMR and MR/RD to ID/RD for edit code 052</li> <li>Updated CARCs for edit codes 460, 544, 569</li> <li>Updated resolutions for edit codes 079, 722, 837, 838, 855, 865, 960</li> <li>Added edit codes 820, 821</li> <li>Updated edit code 935, 938, 939</li> </ul>
04-01-13	Appendix 2	-	Updated carrier code list
03-01-13	2	8, 11	Changed mental retardation to intellectual disabilities or related disabilities
03-01-13	3	4	Changed ICF-MR to ICF/IID
03-01-13	5	10	Deleted Jasper County PO Box address
03-01-13	Appendix 1	i 2, 38, 70  38, 54, 70	Deleted Change Log Changed edit code description reference to DMR and MR/RD to ID/RD for edit codes 052, 053, 712, and 953 Updated resolutions for edit codes 714, 851, and 953
03-01-13	Managed Care Supplement	7	Deleted the Department of Alcohol and Other Drug Abuse from agencies exempt from prior authorizations
02-01-13	1	18	Updated URL address for the National Correct Coding Initiative (NCCI)

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
01-16-13	2	23	<ul style="list-style-type: none"> <li>Replaced procedure codes for Individual Psychotherapy and Individual Psychotherapy with Medication Management services</li> </ul>
		24	<ul style="list-style-type: none"> <li>Deleted Pharmacological Management language</li> </ul>
01-16-13	4	1	Replaced procedure codes for Individual Psychotherapy and Individual Psychotherapy with Medication Management services
01-01-13	2	14	Changed the review period for the progress summary to 90 calendar days
01-01-13	5	7	<ul style="list-style-type: none"> <li>Added Chester county Zip+4 code</li> </ul>
		9	<ul style="list-style-type: none"> <li>Updated Greenville PO Box address</li> </ul>
01-01-13	Appendix 1	-	Added Change Log for section changes
12-03-12	1	6	<ul style="list-style-type: none"> <li>Updated web addresses for provider information and provider training</li> </ul>
		7-8	<ul style="list-style-type: none"> <li>Revised heading and language to reflect new provider enrollment requirements</li> </ul>
		27-32	<ul style="list-style-type: none"> <li>Updated Program Integrity language (entire section)</li> </ul>
		33-41	<ul style="list-style-type: none"> <li>Revised heading and language for Medicaid Anti-Fraud Provisions/Payment Suspension/Provider Exclusions/Terminations (entire section)</li> </ul>
12-03-12	3	12	<ul style="list-style-type: none"> <li>Updated National Provider Identifier and Medicaid Provider Number</li> </ul>
		16	<ul style="list-style-type: none"> <li>Updated fields 17, 17b to add requirement for referring or ordering provider NPI</li> </ul>
		24, 39, 42 29-30	<ul style="list-style-type: none"> <li>Updated provider information web addresses</li> <li>Updated Electronic Funds Transfer (EFT)</li> </ul>
12-01-12	5	4	<ul style="list-style-type: none"> <li>Updated URL for provider information</li> </ul>
		11	<ul style="list-style-type: none"> <li>Updated McCormick county office telephone number</li> </ul>
12-01-12	Appendix 1	24, 26, 27, 32, 33 9, 27, 40, 44, 45, 47, 49, 50, 55,	<ul style="list-style-type: none"> <li>Updated CARCs for edit codes 538, 552, 555, 561, 562, 563, 636, 637, 690</li> <li>Updated resolutions for edit codes 402, 561, 562, 563, 721, 722, 748, 749, 752, 753, 769, 791, 795, 852, 853, 856, 860, 884, 887, 892, 897, 925, 926</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		56, 57, 59, 60, 61,	
11-01-12	5	1	Updated Allendale county office address
11-01-12	Appendix 2	-	Updated carrier code list
10-05-12	Forms	-	Updated Duplicate Remittance Advice Request Form
10-01-12	1	4	Replaced back of Healthy Connections Medicaid card
10-01-12	Appendix 1	-	Updated edit code information through document
09-01-12	Forms	-	Updated attestation statements
08-01-12	1	2, 8, 9, 12, 13, 15, 25, 34	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
08-01-12	3	1, 28, 34, 38, 41, 42 12, 23, 29	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Updated hyperlinks</li> </ul>
08-01-12	5	1  5  7	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed fax request information for SCDHHS forms</li> <li>Added SCDHHS forms online order information</li> <li>Updated telephone number for Greenville county office</li> </ul>
08-01-12	Forms	-	<ul style="list-style-type: none"> <li>Deleted forms 140 and 142</li> <li>Updated Duplicate Remittance Advice Request Form, Allied Professional Registration Form, LMSW Registration Form</li> </ul>
08-01-12	Appendix 1	-  1, 24, 60, 65, 66-67, 70-72 15, 31, 69 8, 10, 29, 31	<ul style="list-style-type: none"> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Replaced CARC 141 or CARC A1 for edit codes 52, 053, 517, 600, 924-926, 929, 954, 961, 964, 966, 967, 969, 980, 985-987</li> <li>Added edit codes 349, 590, 978, 990, 991-995</li> <li>Deleted edit codes 166, 205, 573, 574, 593, 596</li> </ul>

## CHANGE CONTROL RECORD

Date	Section	Page(s)	Change
		10, 11, 14, 34, 48	<ul style="list-style-type: none"> <li>Updated resolution for edit codes 170-172, 171, 174, 210, 321, 711, 798</li> </ul>
08-01-12	Managed Care Supplement	1-2 7 11 17 19	<ul style="list-style-type: none"> <li>Changed Division of Care Management to Bureau of Managed Care</li> <li>Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012</li> <li>Removed language limiting enrollment to 2500 members</li> <li>Update contact information for Palmetto Physician Connections</li> <li>Added to “Medicaid” to BlueChoice HealthPlan</li> </ul>
08-01-12	TPL Supplement	5, 6, 10, 17, 24	Updated program area contact information to reflect Medicaid Bulletin dated June 29, 2012
07-01-12	Appendix 1	16, 48 45	<ul style="list-style-type: none"> <li>Deleted edit codes 386 and 868</li> <li>Added edit codes 837, 838, 839</li> </ul>
07-01-12	Appendix 2	-	Updated carrier codes
06-01-12	2	16	Updated QIO contact information
06-01-12	Forms	-	Updated the Mental Health Form